Help using this Veterans UK PDF form

About this form

- **You must download and save this form to your computer before using it**
- You can save data typed into this PDF form if you use the latest version of **Adobe Acrobat Reader**
- To download the latest version of Adobe Acrobat Reader free of charge go to the Adobe website
- This means that you do not have to complete this form in one session
- The form will not save in older versions of Adobe Acrobat Reader
- The form will not save in other pdf readers, for example Preview or Foxit on a PC

Emailing the form

- Email the form to: Veterans-UK@mod.gov.uk

Posting the form

- If you wish to post the form, please print after completion, and sign in black pen
- Post the form using the address given

We have been made aware of issues when using Apple products such as iPhone and iPad to complete this form.

You may be unable to save or re-open it due to updates to Apple products since this form was created.

Work is being undertaken to transform our forms and systems but until this is complete, we ask that you find an alternative device, if possible, or print the form and complete it by hand.

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Veterans UK
War Pension Scheme
Tomlinson House
Norcross
Thornton-Cleveleys
FY5 3WP

Freephone: 0808 1914 2 18
Overseas: +44 1253 866043
Email: Veterans-UK@mod.gov.uk

War Pension Mobility Supplement

You **will** be entitled to War Pension Mobility Supplement if:

- your War Pension is 40% or higher **AND**
- you have a single or double leg amputation through or above the ankles

If this applies to you please complete **Part 1** and **Part 5** of this claim form, sign the declaration and return to Veterans UK.

You **may** be entitled to a War Pensioners Mobility Supplement if you are unable to walk because of the conditions that you get a War Pension for and:

- your war pension must be 40% or higher **and**
- the conditions that your War Pension is for are the main reason you are unable to walk, or why you find walking difficult, **or**
- the conditions that your War Pension is for are the main reason why trying to walk could endanger you or seriously damage your health **or**
- you cannot walk outside without someone's help and your War Pension is for blindness assessed at 80% or more **and** deafness assessed at 80% or more

If this applies to you please complete all parts of this claim form, sign the declaration and return to Veterans UK.

War Pensioners' Mobility Supplement is normally paid from:

- the date your War Pension started if you return this form within 3 months of the date on your decision letter **or**
- the date you asked for the form if your War Pension has been in payment longer than 3 months

Please note: If you do not return the completed form within 3 months of the date it was sent, we can only pay you from the date we receive it.

If you need help completing this form our Veterans Services (VS) can help, please see our contact details above.

How the MOD collects and uses personal information

The Ministry of Defence (MOD) is committed to protecting the privacy and security of your personal data and the MOD Privacy notice explains your rights and provides information that you are entitled to under UK data protection legislation. It is important that you read this notice, together with any other privacy notice that may be provided when we collect or process personal information about you so that you are aware of how and why we are using such information. The MOD Personal information charter contains the standards you can expect when we ask for, hold, or share your personal information and your rights under the law.

Website**: www.gov.uk/veterans-uk**

Your reply

If you need to provide more information for any part of this form, please use page 10

Part 1 - About you

National Insurance (NI) number

Title and Surname

All other names in full

All other Surname or Family names you have been known by or are using now. Include names used when you served in the Armed Forces. Please include maiden name, all former married names and all changes of family name. Please list in date order, the most recent first.

Date of birth

Telephone number – including Area code

Your email address

Are you currently working? Yes No – **Go to Part 2**

Please tell us your job title

Please give a brief description of your job

Name and address of your employer

Postcode

Please tell us about any other personal details you think we should know about on **Page 10**, or a separate sheet of paper. For example, other names or previous addresses within the last 3 years.

Please put your full name and National Insurance number on the top of the paper.

Part 2 – About your doctor

(Please give these details even if you have not visited your GP recently, as we may still need to contact them to process your claim)

Doctor's surname and initials

Doctor's surgery address

Postcode

Surgery phone number – including Area code

Part 3 - About medical treatment

We are aware that many hospital clinics routinely copy the patient into letters sent to their GP. If you have any clinic reports, imaging results, for example X Ray or MRI reports, that relate to your claimed condition(s), please include them with this form. Please include reports, if available, up to the most recent appointment. We will copy them and return the originals to you.

Please tell us about any hospital treatment you may have had for the conditions that affect your walking ability.

Hospital 1

Hospital name and address

Postcode

Hospital record number

What type of treatment did you have?

In-patient

Out-patient

Both

Hospital 2

Hospital name and address

Postcode

Hospital record number

What type of treatment did you have?

In-patient

Out-patient

Both

Part 3 - About medical treatment - continued

Hospital 1 - continued

Start

End

Conditions Treated

Hospital 2 - continued

Start

End

Conditions Treated

If your name or address were different at the time of this treatment, please tell us below

Title and Surname

All other names in full

Address where you lived

Postcode

Title and Surname

All other names in full

Address where you lived

Postcode

If you are in hospital now

When did you go into hospital?

Name and address of hospital

Postcode

Hospital phone number - including Area code

Part 3 - About medical treatment - continued

Are you having treatment or surgery? ☐ Yes ☐ No

Please tell us about this

Part 4 - About your walking difficulties

Please tell us why you need help with getting around. This will help us to consider your claim.

If you cannot walk at all, please tell us about this here

Please place a Tick in one of the boxes below:

Have you had one or both legs amputated through or above the ankles? ☐ **If yes, please go to part 5**

Do you find it difficult to walk? ☐

You are blind and deaf (this must be because of the condition that you get a War Pension for) ☐

Other – please tell us about this below ☐

Which of the following do you use to help you with your walking

☐ Crutches ☐ Walking stick

☐ Walking frame ☐ Other - please tell us about this below

Part 4 - About your walking difficulties - continued

Please tell us how far you can manage to walk
You can choose to tell us in either yards or metres. Or you can tell us the number of steps you can take.
You can ask someone to help you. You only need to fill in 1 box.

Yards | Metres | Steps

Roughly how long does it take you to walk this far?

Please tell us about the difficulties you have walking on flat ground. We do not need to know about walking up and down hills and slopes.

Walking causes you severe pain – please give details

You get tired after taking a few steps – please give details

You have problems with balance – please give details

You have difficulty because of a leg amputation – please give details
We need to know the level of amputation.

Please tell us if you have an artificial leg ☐ Yes ☐ No

The effort of walking could be dangerous to you – please give details

Other – please give details

Do you think your walking difficulties will carry on for the next 6 months? ☐ Yes ☐ No

If yes, please give details

Where do you have these walking difficulties? ☐ Indoors ☐ Outdoors ☐ Both

Part 5 – About other benefits

Are you getting or waiting to hear about, the mobility component of Disability Living Allowance/Personal Independence Payment/Adult Disability Payment?	☐ Yes	☐ No
Are you leasing or buying a car through Motability Finance Limited?	☐ Yes	☐ No
Have you got a department car or an Invalid three-wheeler?	☐ Yes	☐ No
Do you drive a car?	☐ Yes	☐ No

If your car has any special adaptations, please tell us about them

Declaration

I confirm that the information I have given is accurate and complete to the best of my knowledge and belief.

I understand that the information and personal data I have provided on this form, and any information and personal data I provide subsequently may be:

- used by the Ministry of Defence (MOD) in connection with my claim, or any subsequent reconsideration, review or appeal, under the Armed Forces Compensation Scheme (AFCS) or the Service Pensions Order (SPO) or any other schemes administered by Veterans UK.
- passed to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner asked by the MOD to provide specialist advice.
- passed to the Department for Work and Pensions.
- used by the MOD and its agents in connection with all matters relating to this or future claims, or subsequent reconsideration, review or appeal, under the AFCS or the SPO or other schemes administered by Veterans UK, and other claims against the MOD, and by other Government Departments, which have a legitimate interest in this information for example, for the prevention and detection of crime.

I understand that

- I must immediately tell the MOD of anything that may affect my entitlement to, or the amount of, an award under the AFCS, a war pension, a supplementary allowance or any survivors' benefits paid under the SPO, or an award paid under any other scheme administered by Veterans UK, including any changes of address.
- If I knowingly give false information, I may be liable to prosecution.

I agree that

- the MOD and
- any doctor advising the MOD and
- any organisation contracted to provide medical services to the MOD and any doctor providing services to that organisation.

may ask

- any doctor who has provided treatment and
- any hospital or similar place and
- anyone else who has provided treatment (such as a physiotherapist)

for copies of all medical records (including those in sealed envelopes) and any other information required to consider my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by Veterans UK.

and that the MOD may

disclose medical records, and any information about my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by Veterans UK, to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner or consultant asked by the MOD to provide specialist advice.

I also agree that the MOD may send copies of medical information obtained for the purposes of my claim, or any subsequent reconsideration, review or appeal, under the AFCS or the SPO or any other schemes administered by Veterans UK to my General Practitioner. I understand that the information will be retained by the MOD, either as a written record, or on a secure database, and may be used in future if it is necessary to reconsider or review my claim and any award made.

I agree

- to refund any sum paid as a result of this claim in the event that an overpayment is made for any reason.

Consent for email correspondence

Veterans UK is happy to conduct correspondence with customers via a nominated email address if that is their preference. There are some types of personal information we would not be able to include in an email correspondence which are listed below.

I authorise Veterans UK of the MOD to use email whenever possible in its correspondence with me via my nominated email address shown on the front of this claim form. **I** accept that the information may include my personal details excluding bank account numbers, national insurance number, medical details and any other information that could compromise my identity.

I understand that correspondence transmitted by email may be open to abuse because it is transmitting over an unsecured network. **I** accept that the MOD will not be liable for any loss, interception or unauthorised use of information transmitted this way. **I** am content for Veterans UK to correspond with me from the email address shown at the front of this claim form.

Do you wish to correspond by email? ☐ Yes ☐ No

Email address

Remember
You must sign this form yourself if you can, even if someone else has filled it in for you. If a representative who acts as Power of Attorney or Appointee for the claimant is signing this form, they must enclose evidence to show that they are the legal representative.

Signature

Date

Name

Emailing the form

- Email the form to: Veterans-UK@mod.gov.uk

Posting the form

- If you wish to post the form, please print after completion, and sign in black pen
- Post the form to:

Veterans UK
Norcross
Thornton-Cleveleys
Lancashire
FY5 3WP
England

For completion by Veterans Services (VS) or Authorised Agents only

Name of Department or Organisation

Signature

Your reference number

Official address stamp

Date of receipt of claimant's first contact with the VS or Authorised Agent about this claim

Date claim form issued

Date completed claim form was received back by VS or Authorised Agent